PEPIN MANOR			
1110 2ND STREET, PO BOX 218			
PEPIN 54759 Phone: (715) 442-4811		Ownershi p:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	70	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	70	Average Daily Census:	51
Number of Residents on 12/31/00:	51	o v	

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups		Less Than 1 Year 1 - 4 Years	29. 4 45. 1		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	25. 5		
Day Servi ces	No	Mental Illness (Org./Psy)	15. 7	65 - 74	9. 8				
Respite Care	Yes	Mental Illness (Other)	5. 9	75 - 84	19. 6		100. 0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	3. 9	85 - 94	64. 7	***************	******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	3. 9	Full-Time Equivaler	nt		
Congregate Meals	Yes	Cancer	3. 9			Nursing Staff per 100 Re	esi dents		
Home Delivered Meals	No	Fractures	7.8		100.0	(12/31/00)			
Other Meals	No	Cardi ovascul ar	15. 7	65 & 0ver	98. 0	(
Transportation	No	Cerebrovascul ar	11. 8			RNs	12. 5		
Referral Service	No	Di abetes	5. 9	Sex	%	LPNs	6. 6		
Other Services	No	Respi ratory	2. 0			Nursing Assistants			
Provi de Day Programming for		Other Medical Conditions	27. 5	Male	35. 3	Aides & Orderlies	23. 8		
Mentally Ill	No			Femal e	64. 7				
Provi de Day Programming for			100. 0						
Developmentally Disabled	No				100. 0				

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	N	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Dien	n		Per Diem	1	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4		\$250.00	$3\overset{\circ}{4}$	97. 1	\$92. 02	ŏ	0. 0	\$0.00	4		\$108.00	ŏ	0. 0	\$0.00	42	82. 4%
Intermedi ate				1	2. 9	\$78.03	0	0.0	\$0.00	1	8. 3	\$100.00	0	0.0	\$0.00	2	3. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	7	58 . 3	\$45.00	0	0.0	\$0.00	7	13. 7%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		35	100. 0		0	0.0		12	100.0		0	0.0		51	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as of	12/31/00
beachs builing kepotering terrou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	13. 2	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 3	Bathi ng	0.0		64. 7	² 35. 3	51
Other Nursing Homes	2. 6	Dressi ng	27. 5		33. 3	39. 2	51
Acute Care Hospitals	78 . 9	Transferri ng	47. 1		27. 5	25. 5	51
Psych. HospMR/DD Facilities	0.0	Toilet Use	39. 2		29. 4	31. 4	51
Rehabilitation Hospitals	0. 0	Eati ng	76. 5		13. 7	9. 8	51
Other Locations	0.0	*******************	******	******	*******	********	******
Total Number of Admissions	38	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Extern		5. 9		Respiratory Care	9. 8
Private Home/No Home Health	26 . 3	Occ/Freq. Incontinen		54 . 9		Tracheostomy Care	0. 0
Private Home/With Home Health	15.8	Occ/Freq. Incontinen	t of Bowel	37. 3		Suctioning	0. 0
Other Nursing Homes	7. 9				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	15.8	Mobility	_			Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	9. 8	Recei vi ng	Mechanically Altered D	iets 0.0
Rehabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care				ent Characteristics	400.0
Deaths	34. 2	With Pressure Sores		3. 9		ice Directives	100. 0
Total Number of Discharges		With Rashes		2. 0	Medications		
(Including Deaths)	38		als		Recei vi ng	Psychoactive Drugs	66. 7
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		Ownershi p:		Bed Size:		Li censure:			
	Thi s	is Proprietary		50-	50- 99		Skilled		
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72. 9	80. 4	0. 91	85. 4	0. 85	84. 1	0. 87	84. 5	0. 86
Current Residents from In-County	64. 7	74. 2	0. 87	72. 9	0.89	76. 2	0. 85	77. 5	0.84
Admissions from In-County, Still Residing	23. 7	19. 0	1. 25	21. 3	1. 11	22. 2	1. 07	21. 5	1. 10
Admissions/Average Daily Census	74. 5	135. 3	0. 55	101. 3	0. 74	112. 3	0. 66	124. 3	0. 60
Discharges/Average Daily Census	74. 5	137. 7	0. 54	101. 3	0.74	112. 8	0. 66	126. 1	0. 59
Discharges To Private Residence/Average Daily Census	31. 4	57. 0	0. 55	37. 6	0. 83	44. 1	0. 71	49. 9	0. 63
Residents Receiving Skilled Care	82. 4	89. 4	0. 92	89. 6	0. 92	89. 6	0. 92	83. 3	0. 99
Residents Aged 65 and Older	98. 0	95. 9	1. 02	93. 4	1.05	94. 3	1. 04	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	68. 6	71.6	0. 96	69. 0	0. 99	70. 1	0. 98	69. 0	1.00
Private Pay Funded Residents	23. 5	19. 0	1. 24	23. 2	1.01	21. 4	1. 10	22. 6	1.04
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	21.6	35. 9	0. 60	41.5	0. 52	39. 6	0. 54	33. 3	0. 65
General Medical Service Residents	27. 5	18. 2	1. 50	15. 4	1. 79	17. 0	1. 62	18. 4	1.49
Impaired ADL (Mean)	45. 9	47. 3	0. 97	47. 7	0. 96	48. 2	0. 95	49. 4	0. 93
Psychological Problems	66. 7	45.0	1. 48	51. 3	1. 30	50.8	1. 31	50. 1	1. 33
Nursing Care Required (Mean)	2. 0	6. 7	0. 29	6. 9	0. 28	6. 7	0. 29	7. 2	0. 27